

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005452

1. Entity Name

WHISPER RIDGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

5979 KENLYN CT.
ORLANDO FL 32808

Mailing Address

5979 KENLYN CT.
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2498527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPPS, ELVIS

5979 KENLYN CT.
ORLANDO FL 32808

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME EPPS, ELVIS
STREET ADDRESS 5979 KENLYN CT.
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JOSEPH, RONALD
STREET ADDRESS 5249 SHAKAR CIR.
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE D
NAME Jerome Berry
STREET ADDRESS 5968 Kenlyn Ct.
CITY-ST-ZIP Orlando FL 32808 ☐ Change ☒ Addition

TITLE D
NAME DUNCAN, ROBERT
STREET ADDRESS 6033 CHRISTIAN WAY
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME ALLEN, PAULA K
STREET ADDRESS 5913 KENLYN CT.
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME HARTMAN, AMY
STREET ADDRESS 6039 CHRISTIAN WAY
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

(SIGNATURE REQUIRED) *hs*

7-5-01 (407) 997-9225

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90053 039 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)